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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/689,145
	Filing Date	Oct 20, 2003
	First Named Inventor	Charles Nichol
	Art Unit	1744
	Examiner Name	Terrence R. Till
Total Number of Pages in This Submission	Attorney Docket Number	NCO-1

ENCLOSURES (Check all that apply)		
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	J. Bennett Mullinax, LLC		
Signature	<i>J. Bennett Mullinax</i>		
Printed name	J. Bennett Mullinax		
Date	July 1, 2005	Reg. No.	36221

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Signature	<i>Peggy S. Baker</i>
Typed or printed name	Peggy S. Baker
Date	July 1, 2005

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PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/689,145
Filing Date	10/20/2003
First Named Inventor	Charles Nichol
Art Unit	1744
Examiner Name	Terrence R. Till
Attorney Docket Number	NCO-1

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

44728

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

44728

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	J. Bennett Mullinax J. Bennett Mullinax, LLC				
Address	P O Box 26029				
City	Greenville	State	SC	Zip	29616-1029
Country	US				
Telephone	864 987 9696	Fax	864 987 9686		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Charles Nichol				
Date	6/30/2005	Telephone	864 905 6709		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

*(Use as many sheets as necessary)*

Sheet		of
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**Complete if Known**

Application Number	10/689,145
Filing Date	10/20/2003
First Named Inventor	Charles Nichol
Art Unit	1744
Examiner Name	Terrence R. Till
Attorney Docket Number	NCO-1

## U. S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

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Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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